

|  |  |                                   |  |                 |   |          |  |          |   |          |  |          |
|--|--|-----------------------------------|--|-----------------|---|----------|--|----------|---|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |  | Docket Number (Optional)<br>12763 |  |                 |   |          |  |          |   |          |  |          |
| <p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING OR<br/>TRANSMISSION<br/>[37 CFR 1.8(a)]</p> <p style="font-size: small; margin: 5px 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Amendment</u>, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: <u>Amie A. Cave</u></p>  | <p>In re Application of <u>Harold P. Mintz</u></p> <hr/> <p>Application Number <u>09/714,619</u> Filed <u>11/17/2000</u></p> <p>For <u>METHOD OF OPERATING A VENTURE BUSINESS</u></p> <hr/> <p>Group Art Unit <u>3624</u> Examiner <u>Lalita M. Hamilton</u></p> |                                   |  |                 |   |          |  |          |   |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="width: 40%; text-align: right;">\$ <u>60.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2478</u>.<br/>I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="margin: 0;">_____<br/>Signature</p> <p style="margin: 0;">_____<br/>Typed or printed name</p> </div> <div style="width: 45%; text-align: right;"> <p style="margin: 0;">_____<br/>August 14, 2007</p> <p style="margin: 0;">_____<br/>Date</p> <p style="margin: 0;">_____<br/>(703) 584-3275</p> <p style="margin: 0;">_____<br/>Telephone Number</p> </div> </div> |  |                                   | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ <u>60.00</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) | \$ _____ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)   | \$ <u>60.00</u>  |                                   |  |                 |   |          |  |          |   |          |  |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)  | \$ _____   |                                   |  |                 |   |          |  |          |   |          |  |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)   | \$ _____   |                                   |  |                 |   |          |  |          |   |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)  | \$ _____   |                                   |  |                 |   |          |  |          |   |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)   | \$ _____   |                                   |  |                 |   |          |  |          |   |          |  |          |
| <p style="font-size: x-small;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>   |  |                                   |  |                 |   |          |  |          |   |          |  |          |
| <p><input type="checkbox"/> Total of _____ forms are submitted</p>   |  |                                   |  |                 |   |          |  |          |   |          |  |          |

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